

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN

ENTERED

SEP 21 2017  
Bayfield Co. Zoning Dept.

Permit #:	17-0417
Date:	10-16-17
Amount Paid:	595 9-21-17
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.  
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED →		<input checked="" type="checkbox"/> LAND USE		<input type="checkbox"/> SANITARY		<input type="checkbox"/> PRIVY		<input type="checkbox"/> CONDITIONAL USE		<input type="checkbox"/> SPECIAL USE		<input type="checkbox"/> B.O.A.		<input type="checkbox"/> OTHER	
Owner's Name:		Mailing Address:		City/State/Zip:		Telephone:									
Bill Capra		2420 7th ST		Cumberland WI 54829		715-822-5481									
Address of Property:		City/State/Zip:		Cell Phone:											
41495 Bass Lake Road		Town of Namakagon WI		715-497-4501											
Contractor:		Contractor Phone:		Plumber:		Plumber Phone:									
Edward Gobior		715-538-1429		Andrew Rasmussen		715-798-3385									
Authorized Agent: (Person Signing Application on behalf of Owner(s))		Agent Phone:		Agent Mailing Address (Include City/State/Zip):		Written Authorization Attached									
PROJECT LOCATION		Legal Description: (Use Tax Statement)		Tax ID # (4-5 digits)		Recorded Deed (i.e. # assigned by Register of Deeds)									
Sec 1/4, NW 1/4		Gov't Lot		Lot(s)		CSM		Vol & Page		Lot(s) No.		Block(s) No.		Subdivision:	
Section 25, Township 43 N, Range 05 W														Lot Size	
														Acreage	
														3.8	
Shoreland →		<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If Yes--Continue →		Distance Structure is from Shoreline: feet		<input type="checkbox"/> Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are Wetlands Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
<input checked="" type="checkbox"/> Non-Shoreland		<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If Yes--Continue →		Distance Structure is from Shoreline: feet											

Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$ 140,000	<input checked="" type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input checked="" type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input checked="" type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Year Round	<input checked="" type="checkbox"/> 2	<input checked="" type="checkbox"/> (New) Sanitary	<input checked="" type="checkbox"/> Specify Type: Sewer Final
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/>	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists)	<input type="checkbox"/> Specify Type: _____
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	<input type="checkbox"/>
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/>	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/> Foundation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/>

Existing Structure: (if permit being applied for is relevant to it)	Length:	Width:	Height:
Proposed Construction:	Length: 40'	Width: 28'	Height: 24' 3/4"

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
Rec'd for Issuance	<input type="checkbox"/>	Principal Structure (first structure on property)	( 28' x 40' )	1120
<input checked="" type="checkbox"/> Residential Use 1917		Residence (i.e. cabin, hunting shack, etc.)	( 28' x 25' 1/2' )	1823.5
Secretarial Staff		with a Loft	( )	
		with a Porch	( )	
		with (2 <sup>nd</sup> ) Deck	( )	
		with (2 <sup>nd</sup> ) Deck	( )	
<input type="checkbox"/> Commercial Use		with Attached Garage	( )	
Back to Back 10-10-17		Bunkhouse w/ ( <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	( )	
OCT 09 2017		Mobile Home (manufactured date)	( )	
<input type="checkbox"/> Municipal Use aff		Addition/Alteration (specify)	( )	
		Accessory Building (specify)	( )	
		Accessory Building Addition/Alteration (specify)	( )	
		Special Use: (explain)	( )	
		Conditional Use: (explain)	( )	
		Other: (explain)	( )	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES  
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the design and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property and reasonable time for the purpose of inspection.

Owner(s):  
There are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application

Authorized Agent: (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit: 16000 W 4th St Hayward, WI 54843

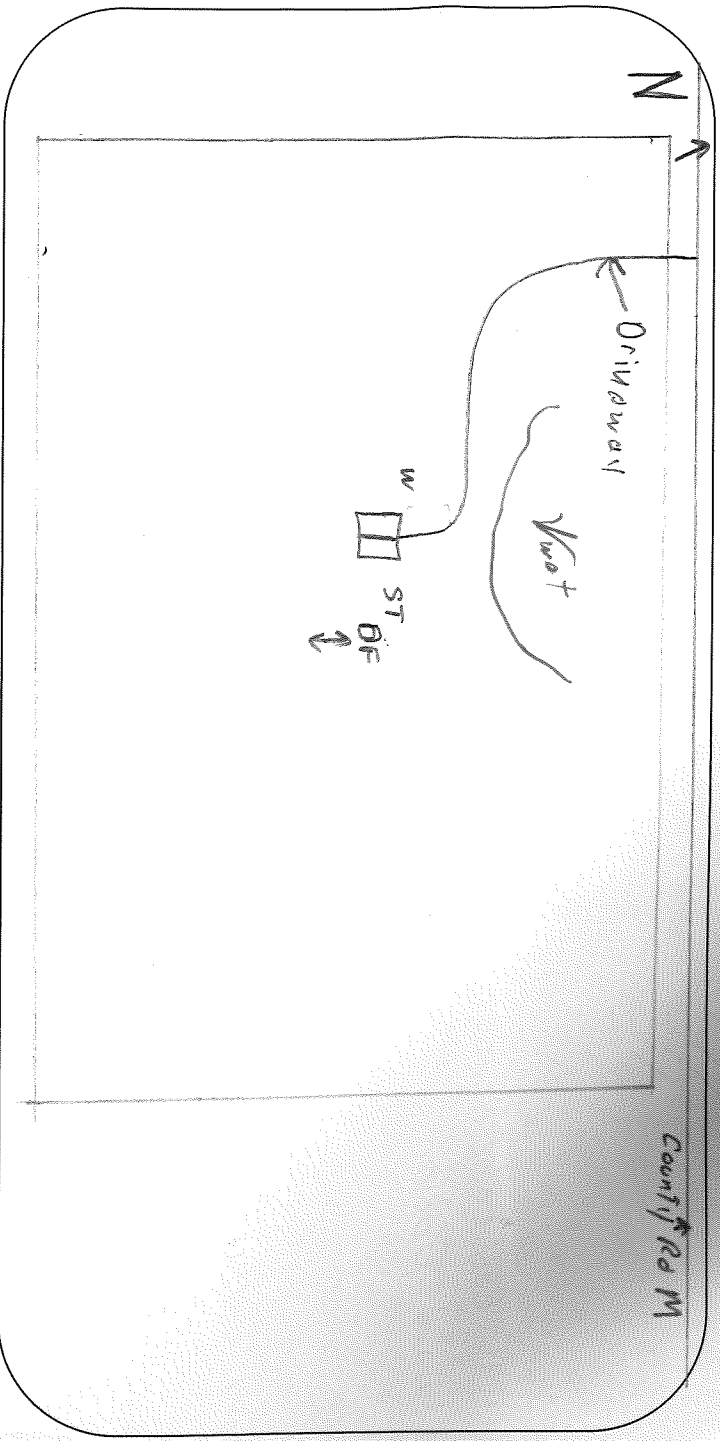
Date: 9-18-2017  
Attach  
Copy of Tax Statement  
If you recently purchased the property send your Recorded Deed

TBA NOT MAILED APPROVED 10-10-17

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

- (1) Show Location of:  
(2) Show / Indicate:  
(3) Show Location of (\*):  
(4) Show:  
(5) Show:  
(6) Show any (\*):  
(7) Show any (\*):

- Proposed Construction**  
North (N) on Plot Plan  
(\*) Driveway and (\*) Frontage Road (Name Frontage Road)  
All Existing Structures on your Property  
(\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)  
(\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond  
(\*) Wetlands; or (\*) Slopes over 20%



Please complete (1) - (7) above (prior to continuing)

- (8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	620 Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	600 Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	550 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	450 Feet	Setback from Wetland	100 Feet
Setback from the West Lot Line	450 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	700 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	30 Feet	Setback to Well	40 Feet
Setback to Drain Field	45 Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

- (9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

<b>Issuance Information (County Use Only)</b>		Sanitary Number: 17-1805	# of bedrooms: 2	Sanitary Date: 9/28/17
Permit Denied (Date):	Reason for Denial:			
Permit #: 17-0417	Permit Date: 10-16-17			
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming	<input type="checkbox"/> Yes (Deed of Record) <input type="checkbox"/> Yes (Fused/Contiguous lot(s)) <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Required Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	
Was Parcel Legally Created Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
Inspection Record:				
Date of Inspection: 9/27/17	Inspected by: J. Baker	Zoning District (F-1)	Lakes Classification (-)	Date of Re-Inspection:
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No - (If No they need to be attached)				
Signature of Inspector: J. Baker				
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	Date of Approval: 10/6/17

Condition: A UDC permit from the locally contracted UDC inspection agency must be obtained prior to the start of construction. Must meet and maintain setbacks.

Village, State or Federal  
May Also Be Required

USE - X  
NITARY - 17-120S  
SIGN -  
SPECIAL - Class A  
CONDITIONAL -  
BOA -

# BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT  
ON THE PREMISES DURING CONSTRUCTION

No. **17-0417** Issued To: **William & Lynn Capra**

Location: **SW** ¼ of **NW** ¼ Section **25** Township **43** N. Range **5** W. Town of **Namakagon**  
**S of Hwy M**

Gov't Lot	Lot	Block	Subdivision	CSM#
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For: **Residential Use: [ 1.5 - Story; Residence (28' x 40') = 1,120 sq. ft.; Loft (28' x 25') = 700 sq. ft. ]**  
(Disclaimer): Any future expansions or development would require additional permitting.

**Condition(s): A UDC permit from the locally contracted UDC inspection agency must be obtained prior to the start of construction. Must meet and maintain setbacks.**

**NOTE:** This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete. This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

**Tracy Pooler**

Authorized Issuing Official

**October 16, 2017**

Date

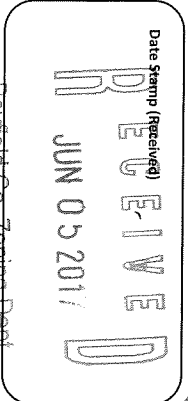
SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN



Permit #:	17-0486
Date:	16-20-17
Amount Paid:	175 6.5-17
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.  
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT BY Bayfield Co. Zoning Dept.



TYPE OF PERMIT REQUESTED →		<input type="checkbox"/> LAND USE	<input type="checkbox"/> SANITARY	<input type="checkbox"/> PRIVY	<input type="checkbox"/> CONDITIONAL USE	<input type="checkbox"/> SPECIAL USE	<input type="checkbox"/> B.O.A.	<input type="checkbox"/> OTHER			
Owner's Name:	Robert & Kathleen Lockhart		Mailing Address:	N198 871 St		City/State/Zip:	Hager City WI 54014		Telephone:	715-792-2987	
Address of Property:	44895 Eagle Point Drive		City/State/Zip:	Cable WI 54821				Cell Phone:	651-675-8097		
Contractor:	Mark Rossmussen Excavator		Contractor Phone:	715-718-3151		Plumber:			Plumber Phone:		
Authorized Agent:	(Person Signing Application on behalf of Owner(s))		Agent Phone:			Agent Mailing Address (include City/State/Zip):			Written Authorization Attached	<input type="checkbox"/> Yes <input type="checkbox"/> No	
PROJECT LOCATION	Legal Description: (Use Tax Statement)	Tax ID# (4-5 digits)		24571		Recorded Deed (i.e. # assigned by Register of Deeds) Document #	826 P 406				
1/4, 1/4	Gov't Lot 11	Lot(s) 3	CSM 93	Vol & Page 2/107	Lot(s) No.	Block(s) No.	Subdivision:		Lot Size	Acreage .69	
Section 10, Township 43 N, Range 6 W	Town of: Namanagon										
<input type="checkbox"/> Shoreland →	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes---continue →	Distance Structure is from Shoreline: <u>60' along</u> feet		<input type="checkbox"/> Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Are Wetlands Present? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
<input type="checkbox"/> Non-Shoreland	<input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →	Distance Structure is from Shoreline: <u>135</u> feet									

Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$ 3400.00	<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/>	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>holding tank</u>	<input type="checkbox"/>
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	<input type="checkbox"/>
	<input type="checkbox"/> Run a Business on Property	<input checked="" type="checkbox"/> No Basement	<input type="checkbox"/>	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/>
	<input checked="" type="checkbox"/> Existing Addition/Alteration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/>

Existing Structure: (if permit being applied for is relevant to it)	Length:	Width:	Height:
Proposed Construction:	Length:	Width:	Height:

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input checked="" type="checkbox"/> Principal Structure (first structure on property)	( X )	
	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	( X )	
	with Loft	( X )	
	with a Porch	( X )	
	with (2 <sup>nd</sup> ) Porch	( X )	
	with a Deck	( X )	
	with (2 <sup>nd</sup> ) Deck	( X )	
<input type="checkbox"/> Commercial Use	with Attached Garage	( X )	
	Bunkhouse w/ ( <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	( X )	
	Mobile Home (manufactured date)	( X )	
	Addition/Alteration (specify)	( X )	
	Accessory Building (specify)	( X )	
<input type="checkbox"/> Municipal Use	Accessory Building Addition/Alteration (specify)	( X )	
	Special Use: (explain)	( X )	
	Conditional Use: (explain)	( X )	
	Other: (explain) <u>Driveway Parking Area (grass - 24' x 16')</u>	( 35 X 70 )	2400 sq ft 1961

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES  
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

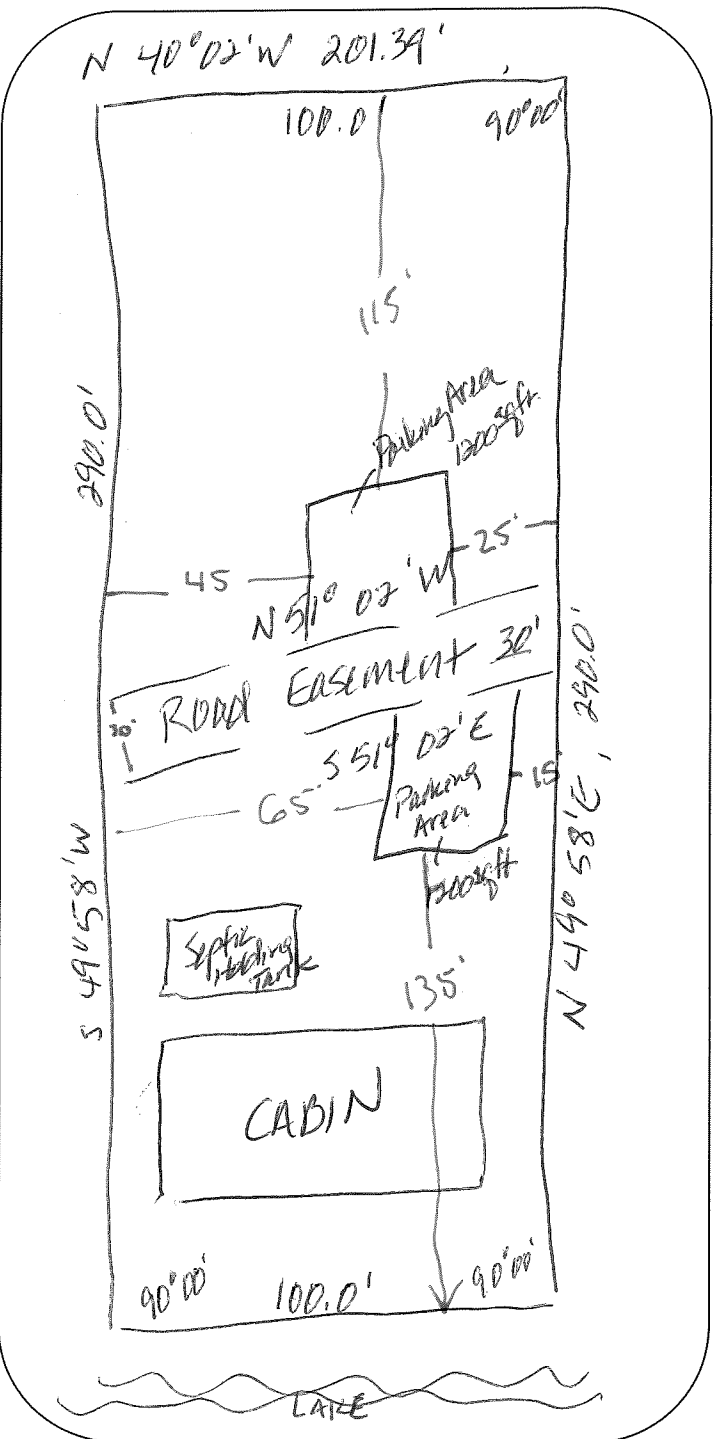
Owner(s): Robert & Kathleen Lockhart Date May 26, 2017  
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: \_\_\_\_\_ Date \_\_\_\_\_  
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)  
Address to send permit N198 871 Street Hager City WI 54014  
Copy of Tax Statement  
APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

(Stamp)

### Proposed Construction

- |                           | North (N) on Plot Plan  |
|---------------------------|---|
| (2) Show / Indicate:      | (*) <u>Driveway</u> and (*) <u>Frontage Road</u> (Name Frontage Road)   |
| (3) Show location of (*): | All Existing Structures on your Property  |
| (4) Show:                 | (*) <u>Well (W);</u> (*) <u>Septic Tank (ST);</u> (*) <u>Drain Field (DF);</u> (*) <u>Holding Tank (HT)</u> and/or (*) <u>Privy (P)</u> |
| (5) Show:                 | (*) <u>Lake;</u> (*) <u>River;</u> (*) <u>Stream/Creek;</u> or (*) <u>Pond</u>  |
| (6) Show any (*):         | (*) <u>Wetlands;</u> or (*) <u>Slopes over 20%</u>  |
| (7) Show any (*):         |   |



Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	15 Feet	Setback from the Lake (ordinary high-water mark)	135 Feet
Setback from the Established Right-of-Way	0 Feet	Setback from the River, Stream, Creek	~ Feet
Setback from the North Lot Line	115 Feet	Setback from the Bank or Bluff	~ Feet
Setback from the South Lot Line	445 Feet	Setback from Wetland	~ Feet
Setback from the West Lot Line	45 Feet	20% Slope Area on Property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	20 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	>50 Feet	Setback to Well	>25 Feet
Setback to Drain Field	750 Feet		
Setback to Privy (Portable, Composting)	NA Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) **Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).**

**NOTICE:** All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:		# of bedrooms:		Sanitary Date:	
Permit Denied (Date):		Reason for Denial:					
Permit #: 17-0428		Permit Date: CSN 10-20-17					
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming		<input checked="" type="checkbox"/> Yes (Previous Record) <input type="checkbox"/> Yes (Fused/Contiguous Lot(s)) <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes Shoreland Setback <input type="checkbox"/> No		Mitigation Required Mitigation Attached		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Case #: N/A		Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Case #: N/A	
Was Parcel Legally Created Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Were Property Lines Represented by Owner Was Property Surveyed		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No CSN 93	
Inspection Record: Wet Soils, Wetland indicator vegetation present. Property owner needs DR General permit or confirmation that this is not wetland to proceed.				Zoning District (R1) Lakes Classification (1)			
Date of Inspection: 6/14/2017		Inspected by: Robert Schurman		Date of Re-Inspection:			
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No - (If No they need to be attached.) Keep activity within the declared area							
Signature of Inspector: [Signature]				Date of Approval: 10/18/17			
Hold For Sanitary: <input type="checkbox"/>		Hold For TBA: <input checked="" type="checkbox"/>		Hold For Affidavit: <input type="checkbox"/>		Hold For Fees: <input type="checkbox"/>	
				<input checked="" type="checkbox"/> General Permit			

Keep activity within the declared area

Condition(s): Town, Committee or Board Conditions Attached? ☐ **Yes** ☐ **No** - (if No they need to be attached.)

Date of Inspection:	6/14/2017	Inspected by:	Robert Schurman
---------------------	-----------	---------------	-----------------

Date of Re-Inspection: \_\_\_\_\_

Signature of Inspector:

2

Date of Approval: 10/18/11

[illegible]

or wetland determination



# BAYFIELD COUNTY

## PERMIT

WEATHERIZE AND POST THIS PERMIT  
ON THE PREMISES DURING CONSTRUCTION

No. **17-0428** Issued To: **Robert & Kathleen Cooklock**

Location: -  $\frac{1}{4}$  of -  $\frac{1}{4}$  Section **10** Township **43** N. Range **6** W. Town of **Namakagon**

Part in

Gov't Lot **11** Lot **3** Block Subdivision CSM# **93**

For: **Residential Other: [ Shoreland Grading (35' x 70') = 2,450 sq. ft. ]**

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): **Keep activity within the declared area.**

**NOTE:** This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval.

This permit may be void or revoked if any of the application information is found

to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not

completed or if any prohibitory conditions are violated.

**Rob Schierman**

Authorized Issuing Official

**October 20, 2017**

Date